

Alabama State Board of Prosthetists and Orthotists

Overview:

Carefully read these instructions and Board rules governing the practice of prosthetics and orthotics in Alabama before completing the application.

Fines and Penalties:

Those who are not licensed in the appropriate time period are practicing without a license and subject to a fine of up to (\$1,000.00) one thousand dollars per violation and are subject to imprisonment for up to six months per violation, or both, by the Board in a disciplinary action or by a court of competent jurisdiction in the State of Alabama.

Those in violation of the Act for unprofessional conduct or other violations shall be subject to revocation of licensure and the penalties and fines stated above.

Application Procedures:

An application will **only** be processed and presented to the Alabama State Board of Prosthetists and Orthotists for licensure consideration if it is **printed or typed in black ink**, if all blanks are complete on the application, and all required documentation and fees have been received by the Board office.

Should a section or question not apply, write "N/A" in that blank or section.

Incomplete or illegible applications will be returned to the address provided on the application with a list of additional documents needed to complete the application.

All forms must have original signatures. **NO EXCEPTIONS.**

Fees must accompany the application and may be paid by personal or business check, money order, or cashier's check made payable to the Alabama State Board of Prosthetists and Orthotists. **DO NOT SEND CASH.**

All application fees are nonrefundable.

All documents become a permanent part of your Board file and cannot be returned.

Completed applications are reviewed according to the date received.

Changes to information submitted on any application must be reported immediately to the Board office. Failure to do so could result in the denial of the application or revocation of licensure.

Carefully read the Licensure Requirements.

Note: Allow four to five weeks for processing from the day your application is mailed, even if mailed via overnight delivery. An incomplete application will not be processed until all required fees and documentation are received. You will be notified by mail should your application contain deficiencies.

Alabama State Board of Prosthetists and Orthotists

Licensure Provisions:

Regular Licensing:

All new applicants must have taken and passed either the BOC or ABC exam in their discipline to be considered for licensure. A copy of the certificate must be included in the application packet.

An applicant must meet the qualifications set out on page 3 of the application packet.

Temporary License:

A 12- month Temporary License may be applied for as a Prosthetist, an Orthotist, or a Prosthetist/Orthotist for all those who have applied for licensure and meet the qualifications but are awaiting examination.

The Temporary License is renewable once for a six-month period if the applicant fails to pass the examination at the first sitting.

Alabama State Board of Prosthetists and Orthotists

- Must possess baccalaureate degree in orthotics and prosthetics from a college or university accredited by a regional accrediting agency and complete 1,900 hours per discipline sought of directed employment under the supervision of a certified/ licensed Prosthetist, a certified/ licensed Orthotist, or a certified/ licensed Prosthetist/Orthotist in an accredited facility and be certified as Prosthetist, Orthotist, or Prosthetist/Orthotist by a nationally recognized certifying board in orthotics and prosthetics accredited by the National Commission for Certifying Agencies or such other national agency as approved by the Board, in the discipline or disciplines for which the application is made.
- Must possess a baccalaureate degree from a regionally accredited college or university and have successfully completed a post-baccalaureate certificate course approved by the Board and completed 1,900 hours of directed employment per discipline in which license is sought under the supervision of a certified/ licensed Prosthetist, a certified/ licensed Orthotist, or a certified/ licensed Prosthetist/Orthotist in an accredited facility and be certified as Prosthetist, Orthotist, or Prosthetist/Orthotist by a nationally recognized certifying board in orthotics and prosthetics accredited by the National Commission for Certifying Agencies or such other national agency as approved by the Board, in the discipline or disciplines for which the application is made.
- Must possess an associate degree from a regionally accredited college or university, junior college, or community college and have successfully completed post-secondary coursework in anatomy, physiology, physics, biology, chemistry, algebra, and calculus and have worked under the supervision of a certified/ licensed Prosthetist, a certified/ licensed Orthotist or a certified/ licensed Prosthetist/Orthotist for not less than four consecutive years of the past six years in an accredited facility and be certified by a nationally recognized certifying board in prosthetics or orthotics accredited by the National Commission for Certifying Agencies or such other national agency as may be approved by the board.
- Must have successfully completed post-secondary coursework in anatomy, physiology, physics, biology, chemistry, algebra, and calculus and have worked under the supervision of a certified/ licensed Prosthetist, a certified/ licensed Orthotist, or a certified/ licensed Prosthetist/Orthotist for not less than eight years of the last 12 years and be certified as a Prosthetist, Orthotist, or Prosthetist/Orthotist by a nationally recognized board accredited by the National Commission for Certifying Agencies or such other national agency as approved by the Board, in the discipline or disciplines for which the application is made.
- Must successfully complete an examination as prescribed by the Board.

Application Checklist:

Personal Information Required on Application Form:

1. **Name:** Applicant's full legal name.
2. **Mailing Address:** Address where applicant receives mail.
3. **Permanent Address:** Applicant's home or fixed place of habitation to which applicant returns after a temporary absence. Do not use a post office box for this address.
4. **Name Change:** If you have ever been known by any other name than your current name, complete this entire section and list all previous names and aliases.
5. **Social Security Number:** Is required and is confidential.

General Information on Application Form:

6. **All** blanks of the application for licensure / registration must be completed.
7. **All Applications must be typed or printed in black ink.**
8. All signatures must be original signatures.
9. Photo, Certificate, Application fees, licensure fees, and payment coupon are enclosed with the application.
10. Two Authorized Healthcare Professional Reference Forms have been submitted.
11. Supervision Agreement Forms have been completed. This applies to assistants.
12. Attestation of Experience Providing Comprehensive Orthotic Care Form has been completed. This applies to all Orthotists, and Prosthetists/Orthotists applying for a license.
13. Attestation of Experience Providing Comprehensive Prosthetic Care Form has been completed. This applies to all Prosthetists, and Prosthetists/Orthotists applying for a license.
14. Registration for Orthotic Supplier and Attestation of Employment/Contract. For Orthotic Suppliers only.

Alabama State Board of Prosthetists and Orthotists
P.O. Box 1052
Montgomery, Alabama 36101
asbpo@bellsouth.net
Phone: 334-420-1111

General Application for Licensure

1. NAME	
2. MAILING ADDRESS	
3. PERMANENT ADDRESS	
4. Have you ever been known by any other name? Have you ever changed your name through marriage or court action? YES _____ NO _____	If YES, list name, and date of changes.
5. Are you a U. S. Citizen? YES _____ NO _____	If no, attach written proof of applicant's ability to work in the United State as Authorized by the U. S. Immigration and Naturalization board
6. SOCIAL SECURITY NUMBER	
7. DATE OF BIRTH (MM/DD/YY)	
8. BIRTHPLACE (City, State, Country)	
9. HOME TELEPHONE	()
10. BUSINESS TELEPHONE	()
11. FAX NUMBER	()
12. E-MAIL ADDRESS	

Professional Licensure Information:

12a. Licensure Category. Please check the category for which you are applying. Choose one.

_____ Orthotist

_____ Prosthetist

_____ Prosthetist/Orthotist

_____ Orthotist Assistant

_____ Prosthetist Assistant

_____ Prosthetist/ Orthotist Assistant

12b. Orthotist, Prosthetist, Prosthetist/Orthotist Licensure Pathway. Choose one. For Temporary, please explain your choice on separate paper.

_____ Bachelor's Degree in Orthotics and Prosthetics _____ Temporary

_____ Bachelor's Degree plus a certificate in Orthotics or Prosthetics

_____ Associate's Degree including specific course hours

_____ Meets the Grandfather Provision of Code of Alabama 1975 § 34-25A-1-14

12c. Do you now hold or have you ever held a license or certificate of registration to practice as an orthotist or prosthetist in any state, US Territory, or foreign country?

Yes _____ Please list all licenses/ registrations below:
 Type of License: _____
 License #: _____
 Issuing Agency: _____
 Date of Original License/Registration: _____ Expiration Date: _____
 If you have had a license which is not current, please explain on a separate paper.

No _____

12d. Have you previously applied for orthotist or prosthetist licensure in Alabama?

Yes _____ Date: _____ No _____

13. Undergraduate and Graduate Education. Provide additional sheets if necessary.

Institution	Location	Dates Attended	Major	Degree Earned	Name on Transcript

14. Clinical Residency or Clinical Laboratory Experience. Provide additional sheets if necessary.

(This section is not required for Grandfathered applicants)

Name & Address of Facility	Date Residency Began	Expected Ending Date	Hours Completed	Name & Credentials of Supervisor

15. Employment. List, beginning with current employment, all prosthetic and orthotic related employment. Use additional sheets as necessary.

Current Place of Employment: _____
Telephone Number: _____
Mailing Address: _____
Date of Employment (to – from): _____
Place of Employment: _____
Telephone Number: _____
Mailing Address: _____
Date of Employment (to – from): _____
Place of Employment: _____
Telephone Number: _____
Mailing Address: _____
Date of Employment (to – from): _____
Place of Employment: _____
Telephone Number: _____
Mailing Address: _____
Date of Employment (to – from): _____
Place of Employment: _____
Telephone Number: _____
Mailing Address: _____
Date of Employment (to – from): _____

16. Questionnaire. Answer all of the following questions with either “yes” or “no.” Do not leave any blanks. “Yes” answers must be accompanied by an Affidavit (a sworn statement in the presence of a notary public). The affidavit must include all pertinent information such as explanations, dates, addresses, employers, physicians, institutions, agencies, and hospitals. The Board may request additional information.

a. Have you ever been charged or found guilty of unprofessional or unethical conduct in civil or administrative law proceedings? _____ Yes _____ No

b. If you answered “yes” to question a, were the charges settled before or during a formal hearing? _____ Yes _____ No

c. Are there any currently pending investigations against you or your company? _____ Yes _____ No

d. Has a licensing, registration, or certification authority taken disciplinary action against you relating to the practice of orthotics or prosthetics, or any health care profession including Medicare/Medicaid fraud? _____ Yes _____ No

e. During the last five years, have you been diagnosed or hospitalized for any physical or mental illness, or injury that would impair your ability to safely practice orthotics or prosthetics? _____ Yes _____ No

f. Have you ever had any professional license or certification denied, probated, suspended, or revoked? _____ Yes _____ No

g. Have you ever practiced with a revoked, suspended, expired, or inactive license? _____ Yes _____ No

17. Statement and Affidavit of Applicant

I, _____ testify under oath that I am the person referred to in the application and supporting documentation, and that the photograph attached is a photograph of me.

I authorize all my references, educational institutions, employers, hospitals, business or professional organizations and associates, past and present, and all governmental agencies and instrumentalities (local, state, federal) to release to the Alabama Board of Prosthetists and Orthotists any information requested concerning the processing of this application. I understand that it is my duty and responsibility as an applicant to supplement my application when any material changes in circumstances or conditions occur which might affect the Board's decision concerning my eligibility for licensure.

If required by the licensure category under which I applied, I agree to sit for the State examination(s). I also agree that I must pass any required examination(s) to receive my license.

I further agree that if issued a license, upon the revocation, suspension, or cancellation of that license, I shall return the license to the Board.

I certify that I have received a copy of rules concerning the regulation of orthotics and prosthetics in the State of Alabama. I further affirm that I have read, understand, and agree to abide by above mentioned rules. I understand that I must observe and comply with a code of ethics and standards of practice set forth in the rules, and that I am responsible for keeping the Board informed of my current mailing address at all times. I understand that I am responsible for renewing my license, whether or not I receive a renewal notice.

Under penalties of perjury, I declare and affirm that the statements made in the application, including accompanying statements and transcripts, are true, complete and correct. I understand that providing any false or misleading information in or concerning my application may be cause for denial or loss of licensure.

Signature of Applicant

Date Signed

THE STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to this instrument, and having been by me first sworn an oath, acknowledged that he or she had executed the same for the purposes and consideration therein expressed and that all statements are true and correct.

GIVEN under my hand and seal of office, this _____ day of _____, _____.
Notary

Public in and for _____ County, _____ or _____

Signature of Notary

Seal of Notary

18. Fee

Enclose the attached payment remittance and the accurate fee amount.

Mail to:

**Alabama State Board of Prosthetists and Orthotists
P.O. Box 1052
Montgomery AL 36101-1052**

Please allow 4 to 5 weeks for processing from the day your application is mailed, even if you mailed it overnight. Incomplete application will not be processed until all required fees and documents are received.

Fee:

Fully complete the form provided below. The Payment Remittance and fees must accompany the application and other required documents to be deemed complete. **The application fee is non-refundable.** Should licensure/registration be denied, full payment of other fees will be refunded.

Schedule of Fees:

Type of License/ Registration Requested	Fee
Non-refundable Application Fee for Licensure	\$175
Non-refundable Application Fee for Registration	\$150
License fee-single discipline	\$500
License fee-dual discipline	\$800
Licensed assistant fee	\$250
License fee for a single discipline temporary license	\$500
License fee for a dual discipline temporary license	\$800
License duplicate or replacement	\$50
Registration of Orthotic Supplier	\$350

Payment Remittance

Name: _____

Social Security #: _____

Address: _____

License/ Registration Applied For: _____

Application Fee: _____

Licensure Fee: _____

Other Fee: _____

Total Amount Enclosed: _____

Alabama State Board of Prosthetists and Orthotists
P.O. 1052
Montgomery AL 36101
334-420-1111

Professional Reference Form

Alabama State Board of Prosthetists and Orthotists
P.O. Box 1052
Montgomery AL 36101-1052

Instructions: **Type or print legibly in black ink.** All applicants must submit two professional references from an Authorized Healthcare Provider or an Alabama Licensed Prosthetist, Orthotist, or Prosthetist/Orthotist.

Part I must be completed by the applicant.

- Print your full name.
- Print the address where you prefer to receive mail.
- Check the appropriate discipline for which you are applying for licensure.
- Send this form to the licensed healthcare professional from whom you are requesting a reference.

Part 2 must be completed by the person giving the reference.

- Print your name, credentials, address, and telephone number.
- Briefly describe the nature of your relationship (professional, personal, collegial) to the applicant.
- Print the month and year your relationship with the applicant began.
- Print the month and year your relationship with applicant ended. If your relationship is ongoing, type "P".

Part 3 must be completed by the person giving the reference.

- To the best of your ability, check the appropriate box relating to each characteristic.
- Check one overall evaluation.
- If you prefer not to give a reference, please check the appropriate box on the form.
- Sign and date the form.

IMPORTANT: After the person giving the reference signs and dates the form, mail this reference directly to the Alabama State Board of Prosthetists and Orthotists office at the address above. DO NOT return this form to the applicant.

Part 1:

Applicants name: _____

Preferred mailing address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Application for:

_____ Orthotist

_____ Prosthetist

_____ Prosthetist/Orthotist

_____ Orthotist Assistant

_____ Prosthetist Assistant

_____ Prosthetist/Orthotist Assistant

Part 2:

Name of person providing the reference: _____

Credentials: _____ Phone: _____

Address: _____

(Street. City. State, Zip Code)

Nature of Association: _____

(From)

(To)

Part 3:

Professional Qualities	Poor	Fair	Good	Superior	No Opinion
Clinical Skills					
Technical Ability					
Communication Skills					
Practice Management					
Fitness for Clinical Practice					

Personal Qualities	Poor	Fair	Good	Superior	No Opinion
Motivation					
Initiative					
Responsibility					
Integrity					

Relationship With	Poor	Fair	Good	Superior	No Opinion
Colleagues					
Patients					
Medical Staff					
Nursing Staff					

Part 4:

Are you aware of problems which might affect performance? Yes _____ No _____

If "Yes," please explain _____

OVERALL EVALUATION: (If item 3 or 4 below is checked, please provide a written explanation. Use additional pages, if necessary)

1. Recommended as outstanding applicant.
2. Recommended as qualified and competent.
3. Recommended with some reservation.
4. Cannot recommend.

I prefer not to give a recommendation.

The above information is true and correct. I understand that knowingly providing false information on a government document is punishable by a felony.

Signature: _____

Date: _____

Attestation of Experience Providing Comprehensive Orthotic Care

Name of Applicant (Last, First, Middle)

Social Security Number

Comprehensive Orthotic Care must include all the following experiential elements:

Evaluation of patients with a wide range of lower limb, upper limb, and spinal pathomechanical conditions;
 Taking measurements and impressions of the involved body segments;
 Synthesis of observations and measurements into a custom orthotic design;
 Selection of materials and components;
 Fabrication of therapeutic or functional orthosis including plastic forming, metal contouring, upholstering, and assembling;
 Fitting and critique the orthosis;
 Appropriate follow-up, adjustments, modifications and revisions in an orthotic facility;
 Instructing patients in the use and care of the orthosis;
 Maintaining current encounter notes and patient records.

I attest that I have applied **all** the above listed experiential elements to two-thirds of the orthosis listed in the chart below. (9 of 13) items must be completed in order to qualify).

Orthosis	Completion Location	Completion Date	Name & Phone No. of Verification Source (Not patient's names)
foot			
knee			
elbow			
ankle-foot			
cervical			
cervical-thoracic			
cervical-thoracic-lumbar-sacral			
thoracic-lumbar-sacral			
lumbar -sacral			
Hip			
wrist-hand			
shoulder-elbow			
shoulder-elbow-wrist-hand			

I have performed comprehensive orthotic care from ____/____/____ to ____/____/____

The above information is true and correct. I understand that providing false or misleading information in, with, or concerning my license application maybe cause for denial or loss of licensure. I understand that knowingly providing false information on a government document is punishable by a felony. This form does not constitute application for licensure.

Signature of Applicant

Date

Attestation of Experience Providing Comprehensive Prosthetic Care

Name of Applicant (Last, First, Middle)

Social Security Number

Comprehensive Prosthetic Care must include **all** the following experiential elements;

Evaluation of patients with a wide range of upper and lower limb deficiencies;
Taking measurements and impressions of the involved body segments, the synthesis of observations and measurements
onto a custom prosthetic design;
Selection of materials and components;
Fabrication of functional prostheses including plastic forming, metal contouring, upholstering, assembly, and aligning;
Fitting and critique of the prosthesis;
Appropriate follow-up, adjustments, modifications and revisions in a prosthetic facility;
Instructing patients in the use and care of the prosthesis; and
Maintaining current encounter notes and patient records.

I attest that I have applied all the above listed experiential elements to three fourths of the prostheses listed in the chart below. (6 of 8 items must be completed in order to qualify)

Prosthesis	Completion Location	Completion Date	Name & Phone No. of Verification Source (Not patient's names)
wrist disarticulation			
trans-radial			
knee disarticulation			
trans- humeral			
partial foot			
symes			
trans- tibial			
trans- femoral			

I have performed comprehensive prosthetic care from ____/____/____ to ____/____/____

The above information is true and correct I understand that providing false or misleading information in, with or concerning my license application may be cause for denial or loss of licensure. I understand that knowingly providing false information on a government document is punishable by a felony. This form does not constitute application for licensure.

Signature of Applicant

Date